



Student Recreation Center Fee Waiver Petition

Washington State University
 Department of University Recreation
 Student Recreation Center, Room 142
 PO Box 641830
 Pullman, WA 99164-1830
 Phone: (509) 335-8732
 Fax: (509) 335-4444

Directions:

1. Fill out the petition completely. If it is not filled out in entirety, your petition may not be processed.
2. Return the completed petition to University Recreation after you have had obtained your advisors signature.
3. Petitions will be reviewed and notification will be sent as to whether the fee waiver is granted or denied. There is no appeal process.
4. Please Note: This petition is for waiver of the Student Recreation Center fee. This petition can be completed by students who are taking independent study or internship credits outside of the Pullman area, or student who are not physically located in Pullman for other reasons.

STUDENTS – PLEASE COMPLETE THE FOLLOWING:

NAME (last, first, MI)					WSU ID #
LOCAL ADDRESS	Street	City	State	Zip	LOCAL PHONE
PERMANENT ADDRESS	Street	City	State	Zip	PERMANENT PHONE
EMAIL ADDRESS					

*Please note: if you address changes, you are responsible for notifying University Recreation

MY ACADEMIC COLLEGE/DEPARTMENT:	MY ADVISOR:
INDEPENDENT STUDY OR INTERNSHIP CLASS(ES) – INCLUDE COURSE NAME & PREFIX	
I AM PETITIONING: <input type="checkbox"/> INDEPENDENT STUDY TAKEN WHILE I WAS OUTSIDE THE PULLMAN AREA <input type="checkbox"/> INTERNSHIP CREDITS TAKEN WHILE I WAS OUTSIDE THE PULLMAN AREA <input type="checkbox"/> I WAS OUTSIDE THE PULLMAN AREA FOR OTHER REASONS	
EXPLANATION:	
STUDENT SIGNATURE	DATE

ADVISOR – PLEASE COMPLETE THE FOLLOWING:

ADVISOR NAME (PLEASE PRINT)	WORK PHONE
AS THE ADVISOR OF THE STUDENT PETITIONER, I VERIFY THAT THEY WERE NOT IN THE PULLMAN AREA DURING THE DATES: _____.	
ADVISOR'S SIGNATURE	DATE